ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
100			
FEE DETERMINATION	E.H.		76:28 -0
O.I.P.E. CLASSIFIER		49	7/9/01
FORMALITY REVIEW	ec_	100)	8-14-01
RESPONSE FORMALITY REVIEW	-		

INDEX OF CLAIMS

·	Rejected	N Non-elec	ted
	Allowed	I Interferer	nce
_	(Through numeral) Canceled	A Appeal	
÷	Restricted	O Objected	

Claim	Date	Claim	Date	Claim	Date
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KIL	+	51		101	
21	++++	52		102	
3	++++-	53	+++++	103	
4	+++++	54	++++++	104	\rightarrow
5	+++++	55	++++++	104	
6					
		56		106	
7 V		57	\Box	107	
Var		58		108	
9		59		109	
10		60		110	
11		61		111	
12		62		112	
X13L /		63		113	
141		64		114	
15	$\overline{}$	65	 	115	+++++
16		66	 	116	+++++
17	++++	67	 	117	
18	+	68	+ 	118	
19	+++++		+		
	+++++	69		119	
20		70		120	_1_1_1_1_1_1_1
21		71		121	
22		72		122	
23		73		123	
24		74		124	
25		75		126	
26		76		126	-
27		77	 	127	
28		78	- - - - - - - - - - 	128	
29		79	++++++	129	
30	+	180	+++++	130	
31					
32		81		131	
		82		132	
33		83		133	
154		84		134	
35		85		135	
36		86		138	
37		87		137	+++++
38		88		138	
39		89		139	
40	1 	90	+++++++	140	++++
41	+++++	91	+ + + + + + + + + + + + + + + + + + + +	141	++++++
42	++++++				
	++++++	92	+++++++	142	44444
43	++++++	93	++++++	143	
44		94		144	_1 1 1 1 1 1 1 1 1
46		95		145	
46		96		146	
47		97		147	
48		198		148	11-11-11-1
49	+++++	99	, , , , , , , , , , , , , , , , , , , 	149	
50		100	+	150	

If more than 150 claims or 10 actions staple additional sheet here